PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/598056

CLAIMS AS FILED - PART I

| | | | (Coli | umn 1) | (Column 2) | SMALL ENTITY | | OR | R LARGE ENTITY | |
|--|--|---|---------------|---|---------------------|--------------------|------------------------|------------|-------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | \$150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | EXAM. FEE | \$100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | | SEARCH FEE | \$50 | 1 | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | X \$ 125 = | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 33 mir | nus 20 = | 13 | X \$ 25 = | \$325 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 4 m | inus 3 = | 1 | X \$ 100 = | \$100 | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PRE | SENT | 1 | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | \$725 | OR | TOTAL | |
| | CLAIMS AS AMENDED - PART II (Column 1) | | | | | | | | OTHER THAN SMALL ENTITY | |
| | | (Column 1) CLAIMS REMAINING | | | <u> </u> | SMALL E | ADDI- | OR] | SMALL EI | ADDI- |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIOUS PAID FOR | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | IM | + \$ 180 = | | OR | + \$ 360 = | | |
| | • | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column | 2) (Column 3) | | | _ | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | PRESENT LY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT FEE | | OR | TOTAL ADDIT. FEE | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.